| · ·   |                            |                                 |                  |                        |              |                  |            |                 | Application or Docket Number |           |             |                        |  |  |
|---|----------------------------|---------------------------------|------------------|------------------------|--------------|------------------|------------|-----------------|------------------------------|-----------|-------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECOR  |                            |                                 |                  |                        |              |                  |            |                 | 0 10/1032020                 |           |             |                        |  |  |
| Effective January 1, 2003   |                            |                                 |                  |                        |              |                  |            |                 | 0-11676                      |           |             |                        |  |  |
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN  |                            |                                 |                  |                        |              |                  |            |                 |                              |           |             |                        |  |  |
| (Column 1) (Column 2)   |                            |                                 |                  |                        |              |                  |            |                 |                              | OR        | SMALL       |                        |  |  |
| TOTAL CLAIMS  |                            |                                 | LER              | 1                      |              |                  | R          | ATE             | FEE                          |           | RATE        | FEE                    |  |  |
| FOR   |                            |                                 | NUMBER           | FILED                  | NUMB         | BAS              | IC FEE     | 375.00          | OR                           | Basic Fee | 750.00      |                        |  |  |
| TOTAL CHARGEABLE CLAIMS   |                            |                                 | W minus 20=      |                        | . 28         |                  | ×          | 9=              |                              | OR        | X\$18=      | 504                    |  |  |
| INDEPENDENT CLAIMS  |                            |                                 | A m              | nus 3 e                |              | ×                | 42=        |                 | OR                           | XB4o      | × 7 -       |                        |  |  |
| MU  | LTIPLE DEPEN               | DENT CLAIM PI                   | RESENT 🔲         |                        |              |                  | 1          | 40=             |                              |           | +280=       |                        |  |  |
| * If the difference in column 1 is less than zero, enter *0" in column 2                                  |                            |                                 |                  |                        |              |                  |            |                 | · 43 (                       | OR        | TOTAL       | 252                    |  |  |
| CLAIMS AS AMENDED - PART II   |                            |                                 |                  |                        |              |                  |            |                 |                              | Un        |             |                        |  |  |
| Claims as amended - Part II OTHER THE OTHER THE COLUMN 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENT |                            |                                 |                  |                        |              |                  |            |                 |                              |           |             |                        |  |  |
| V   |                            | REMAINING                       |                  | HIGH                   |              | PRESENT          |            | •               | ADDI-                        | .         |             | ADDI-                  |  |  |
|   |                            | AFTER<br>AMENDAGN(T             |                  | PREVIO                 | JUSLY        | EXTRA            | R          | ATE             | TIONAL                       |           | PATE        | TIONAL                 |  |  |
| <b>AMENDMENT</b>  | Total                      | . 45                            | Minus .          | ** 4                   | 13           | مــــه           | X          | 9=              |                              | OR        | X\$18=      |                        |  |  |
| AME   | Independent                | .3                              | Minus            | ځ مده                  | 3_           | •                | ×          | 42=             |                              | OR        | X84=        |                        |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                            |                                 |                  |                        |              |                  |            | 40=             |                              | 25        | +280=       |                        |  |  |
| 112 33  |                            |                                 |                  |                        |              |                  |            | TOTAL           |                              | OR        | TOTAL       |                        |  |  |
| ٠   | 1 1 1 2-10-04              |                                 |                  |                        |              |                  |            |                 |                              | OR        | ADDIT. FEE  |                        |  |  |
| CLAMS UPSEST  |                            |                                 |                  |                        |              |                  |            |                 |                              |           |             | 1001                   |  |  |
| ENT B   |                            | REMAINING<br>AFTER<br>AMENDMENT |                  | . NUM<br>PREVI<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA | R          | ATE             | ADDI-<br>TIONAL<br>FEE       |           | RATE        | ADDI-<br>TIONAL<br>FEE |  |  |
| AMENDMENT   | Total                      | . 45                            | Miras            | - 4                    | 8.           | . 0              | ×          | 9=              |                              | OR        | X\$18a      |                        |  |  |
| AME   | Independent                | • 3                             | Minus            | ***                    | 3            | • 8              | ×          | 42 <del>-</del> |                              | ÓR        | X84=        | Y                      |  |  |
|   | · PHST PHESE               | NTATION OF MI                   | ATIONE DE        | PENDENT                | CLAIM        |                  | +1         | 40=             |                              | OR        | +280≈       |                        |  |  |
|   |                            |                                 |                  |                        |              |                  |            | TOTAL           |                              | OR        | TOTAL       | / \                    |  |  |
| 4-5-0le   |                            |                                 |                  |                        |              |                  |            |                 |                              |           | · · · · · · |                        |  |  |
|   |                            | CLAIMS                          |                  | HOGH                   | EST          | (Column 3)       |            |                 | ADDI-                        |           |             | 400                    |  |  |
| S F   |                            | REMAINING<br>AFTER              |                  | PREVE                  | OUSLY "      | PRESENT<br>EXTRA | R          | ATE             | TIONAL                       |           | RATE        | ADDI-<br>TIONAL        |  |  |
|   | 2                          | AMENDMENT.                      |                  | PAID                   | FOA ·        |                  | -          |                 | FEE                          |           |             | FEE                    |  |  |
| AMENDMENT   | Total                      | • 4>                            | Minus            | - 7                    | 8            | • 0              | ×          | 9=              |                              | OR        | X\$18=      |                        |  |  |
| A.  | Independent<br>FIRST PRESE | • 3<br>ENTATION OF M            | Mous<br>UTPLE OF | PENDEN                 |              | • 8              | X          | <del>12=</del>  |                              | OR        | X84=        | V                      |  |  |
|   |                            |                                 |                  |                        |              |                  | 1          | 40=             |                              | OR        | +280=       |                        |  |  |
| • If the entry in column 1 is less than the entry in column 2, write "O' in column 3.                     |                            |                                 |                  |                        |              |                  |            |                 |                              |           |             | <del>/ \</del>         |  |  |
| -   | of the Michest the         | giber Prestousty P              | ald For IN TH    | IS SPACE               | le fore Se   | n S. enter "L"   | ADDE       | T. ACE          |                              | OR        | ADDIT PEE   | <u> </u>               |  |  |
| · '   | 100 Jespie Will            | top Previously Pa               | id For (Rotal o  | r Independ             | Rad in gui   | highest mumbe    | o found in | Che es          | beatricin pa                 | ı in co   | lump 1.     |                        |  |  |

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